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CERTIFICATE UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or is being faxed to the United States Patent and Trademark Office on the date below:

Date: 4/22/05

Signature:

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Baer

Serial No.: 09/814,495

Confirmation No.: 4599

Filed: 03/21/2001

Group Art Unit: 3753

Examiner: Cric

Atty. Dkt. No.: 021944.034US

For: METHOD AND APPARATUS FOR COOLING ELECTRONIC ENCLOSURES

RESPONSE TO OFFICE ACTION MAILED JANUARY 26, 2005

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is submitted in response to the office action dated January 26, 2005 (the "office action"). The Commissioner is authorized to deduct any fees that may be required for any reason under 37 C.F.R. §§ 1.16 to 1.21 relating to this paper from Locke Liddell & Sapp LLP Deposit Account No. 12-1322.

Please change the attorney docket number to 021944.034US

Applicants respectfully request reconsideration of the captioned application.

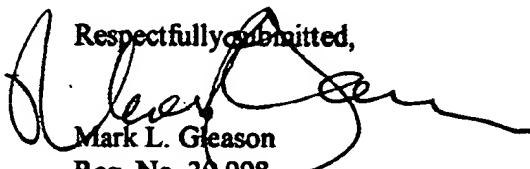
Received by Mail: APR 27 2005 9:08AM 2005 (203) 707-6450

203-707-6450 800-633-8900
203-707-6451 800-633-8901

Conclusion

As evidenced by the foregoing amendments and remarks, Applicants have made a genuine effort to address each concern raised in the office action. All of the pending claims are believed to be in condition for allowance. The Examiner is invited to contact the undersigned attorney with any concerns or questions regarding the present application.

Respectfully submitted,


Mark L. Gleason
Reg. No. 39,998
Attorney for Applicant

LOCKE LIDDELL & SAPP LLP
600 Travis, #3400
Houston, Texas 77002-3095
952-474-3701
mgleason@lockeliddell.com
Date: 4/22/05

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

09/814498

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

8/16/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18	Minus	** 20 = 1
Independent	* 5	Minus	*** 5 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	1	XS18=	1
X42=	1	X84=	1
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18	Minus	** 20 = 1
Independent	* 4	Minus	*** 5 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		XS18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus	** 20 = 2
Independent	* 8	Minus	*** 5 = 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.